355506

# FORM D



### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number:

**Expires:** 

Estimated average burden hours per response .....

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| 1 | SE            | C USE ON | LŸ     |  |  |  |
|---|---------------|----------|--------|--|--|--|
| l | Prefix        | 1        | Serial |  |  |  |
| Į |               |          |        |  |  |  |
| i | DATE RECEIVED |          |        |  |  |  |
|   |               | i        |        |  |  |  |

| Name of Offering (□ check if this is an ar | mendment and name h   | as changed, and  | l indicate o | hange.)            | C. HIR RECE  | weoled              |
|--|-----------------------|------------------|--------------|--------------------|--|---------------------|
| Covenant Apartment Fund V, L.P \$1         | 50,000,000 Limited F  | Partnership Int  | erests       |                    | ES NECE  | IVED (              |
| Filing Under (Check box(es) that apply):   | □ Rule 504 □ Rule     | 505 ☑ Rule 50    | 6 🛚 Secti    | on 4(6) 🔲 UL(      | JUN ()   | L 3003              |
| Type of Filing: ☐ New Filing ☑ Amend       | ment                  |                  |              |                    | JON O.   | 5 2007 >>           |
|  | A. BA                 | ASIC IDENTIF     | ICATION      | N DATA             | The state of the s |                     |
| 1. Enter the information requested about t | he issuer             | ·                |              |                    | 18   | 6 /69               |
| Name of Issuer ( check if this is an ame   | endment and riame has | changed, and i   | ndicate ch   | ange.)             |  |                     |
| Covenant Apartment Fund V, L.P.            |                       |                  | _            |                    | V  |                     |
| Address of Executive Offices               | 1)                    | Number and Str   | eet, City, S | tate, Zip Code)    | Telephone Number (I  | ncluding Area Code) |
| 4515 Harding Road, Suite 210, Nashvill     | le, TN 37205          |                  |              |                    | (615) 250-1630   |                     |
| Address of Principal Business Operations   | (1                    | Number and Str   | eet, City, S | tate, Zip Code)    | Telephone Number (I  | ncluding Area Code) |
| (if different from Executive Offices)      |                       |                  |              |                    |  |                     |
| Brief Description of Business              |                       |                  |              |                    |  | <del></del>         |
| Real Estate Investments                    |                       |                  |              |                    |  | PROPERTY            |
| Type of Business Organization              |                       |                  |              |                    |  | PROCESSED           |
| ☐ corporation                              | ☑ limited partnersh   | ip, already form | ned          | Other (            | please specify):   | 111AL 9 & 2007      |
| □ business trust                           | ☐ limited partnersh   | ip, to be formed | 1            |                    |  | JUN 1 4 2007        |
|  |                       | Month            | Year         |                    |  | THOMSON             |
|  |                       | គ្គ              | ᆔ            | ☑ Actual □         | Estimated  | → FINANCIAL         |
| Actual or Estimated Date of Incorporation  | or Organization:      | 1 0              | 0 5          | E Actual           | Estimateu  |                     |
| Jurisdiction of Incorporation or Organizat | ion:                  | (Enter two       | -letter U.S  | . Postal Service : | abbreviation for State:  | ភេគ                 |
|  |                       | CN for Ca        | nada; FN f   | or other foreign   | jurisdiction)  | D E                 |

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

|   |  | A. BASIC IDE                | NTIFICATION DATA         |                 |                                   |  |  |  |  |  |
|---|--|-----------------------------|--------------------------|-----------------|-----------------------------------|--|--|--|--|--|
| 2. Enter the information requ   | ested for the follo  | owing:                      | •                        |                 |                                   |  |  |  |  |  |
| • Each promoter of the issuer, if the issuer has been organized within the past five years; |  |                             |                          |                 |                                   |  |  |  |  |  |
| <ul> <li>Each beneficial owne<br/>issuer;</li> </ul>  | Each deficition of the first the power to vote of disposition of the or will be a second of the or wil |                             |                          |                 |                                   |  |  |  |  |  |
| Each executive office   | r and director of  | corporate issuers and of    | corporate general and ma | naging partners | of partnership issuers; and       |  |  |  |  |  |
| Each general and man  | naging partner of  | partnership issuers.        |                          |                 |                                   |  |  |  |  |  |
| Check Box(es) that Apply:   | ☐ Promoter   | ☐ Beneficial Owner          | ☐ Executive Officer      | Director        | ☑ General and/or Managing Partner |  |  |  |  |  |
| Full Name (Last name first, if in   | Full Name (Last name first, if individual)   |                             |                          |                 |                                   |  |  |  |  |  |
| Covenant Apartment Investor   | rs V, LLC  |                             |                          |                 |                                   |  |  |  |  |  |
| Business or Residence Address   | (Number and St   | treet, City, State, Zip Coo | le)                      | <u> </u>        |                                   |  |  |  |  |  |
| 4515 Harding Road, Suite 210  | , Nashville, TN .  | 37205                       |                          |                 |                                   |  |  |  |  |  |
| Check Box(es) that Apply:   | ☐ Promoter   | ☐ Beneficial Owner          | ☑ Executive Officer      | ☐ Director      | ☐ General and/or Managing Partner |  |  |  |  |  |
| Full Name (Last name first, if ir   | ıdividual).  |                             |                          | •==             |                                   |  |  |  |  |  |
| White, Govan D.   |  |                             |                          |                 |                                   |  |  |  |  |  |
| Business or Residence Address   | (Number and St   | treet, City, State, Zip Coc | le)                      |                 |                                   |  |  |  |  |  |
| 4515 Harding Road, Suite 210  | , Nashville, TN .  | 37205                       |                          |                 |                                   |  |  |  |  |  |
| Check Box(es) that Apply:   | ☐ Promoter   | ☐ Beneficial Owner          | ☑ Executive Officer      | ☑ Director      | ☐ General and/or Managing Partner |  |  |  |  |  |
| Full Name (Last name first, if in   | ıdividual)   |                             |                          |                 |                                   |  |  |  |  |  |
| Scarola, Frederic A.  |  |                             |                          |                 |                                   |  |  |  |  |  |
| Business or Residence Address   | (Number and St   | treet, City, State, Zip Coo | le)                      | •               |                                   |  |  |  |  |  |
| 4515 Harding Road, Suite 210  | , Nashville, TN  | 37205                       |                          |                 | ·                                 |  |  |  |  |  |
| Check Box(es) that Apply:   | ☑ Promoter   | ☐ Beneficial Owner          | ☐ Executive Officer      | ☐ Director      | ☐ General and/or Managing Partner |  |  |  |  |  |
| Full Name (Last name first, if it   | ndividual)   |                             |                          |                 |                                   |  |  |  |  |  |
| Covenant Capital Group, LLC   | 2  |                             |                          |                 |                                   |  |  |  |  |  |
| Business or Residence Address   | (Number and St   | treet, City, State, Zip Coo | le)                      |                 |                                   |  |  |  |  |  |
| 4515 Harding Road, Suite 210  | , Nashville, TN  | 37205                       |                          |                 |                                   |  |  |  |  |  |
| Check Box(es) that Apply:   | ☐ Promoter   | ☐ Beneficial Owner          | ☐ Executive Officer      | ☐ Director      | ☐ General and/or Managing Partner |  |  |  |  |  |
| Full Name (Last name first, if in   | ndividual)   |                             |                          |                 |                                   |  |  |  |  |  |
| Business or Residence Address   | (Number and St   | treet, City, State, Zip Coo | le)                      |                 |                                   |  |  |  |  |  |
|   |  |                             |                          |                 |                                   |  |  |  |  |  |
| Check Box(es) that Apply:   | ☐ Promoter   | ☐ Beneficial Owner          | ☐ Executive Officer      | ☐ Director      | ☐ General and/or Managing Partner |  |  |  |  |  |
| Full Name (Last name first, if in   | ıdividual)   |                             |                          |                 |                                   |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                    |  |                             |                          |                 |                                   |  |  |  |  |  |
| Check Box(es) that Apply:   | ☐ Promoter   | ☐ Beneficial Owner          | ☐ Executive Officer      | ☐ Director      | ☐ General and/or Managing Partner |  |  |  |  |  |
| Full Name (Last name first, if it   | ndividual)   |                             |                          |                 |                                   |  |  |  |  |  |
| Business or Residence Address   | (Number and S  | treet, City, State, Zip Coo | le)                      |                 |                                   |  |  |  |  |  |

5166980.1 05069563 2 of 8

|           |                                    | :-   |  |                                | B. IN                                     | FORMA'                    | TION ABO                   | OUT OFFI                  | ERING                          |                           |                           |   |                                       |       |
|-----------|------------------------------------|--|--|--------------------------------|---|---------------------------|----------------------------|---------------------------|--------------------------------|---------------------------|---------------------------|---|---------------------------------------|-------|
|           | ·                                  | •  |  |                                |   |                           |                            |                           | •                              |                           |                           |   | Yes                                   | No    |
| 1.        | Has the                            | issuer sold                                  | , or does tl                               | ne issuer int                  | end to sell                               | , to non-ac               | ccredited in               | vestors in t              | his offerin                    | g?                        |                           |   |                                       | ☑     |
|           |                                    |  |  | Answer als                     | so in Apper                               | ndix, Colu                | mn 2, if fili              | ng under l                | JLOE                           |                           |                           |   |                                       |       |
| 2.        |                                    |  |  |                                |   |                           |                            |                           |                                |                           |                           | discretion  |                                       | 0,000 |
|           |                                    |  |  |                                |   |                           |                            |                           |                                |                           |                           |   | Yes                                   | No    |
| 3.        |                                    | ٠.   | -  | •                              | •   |                           |                            |                           |                                |                           |                           | •••••   |                                       | ☑     |
| 4.        | similar i<br>is an ass<br>broker o | remuneration<br>sociated per<br>or dealer. I | on for solid<br>rson or age<br>of more tha | citation of p<br>ent of a brol | ourchasers<br>ker or deale<br>ersons to b | in connect<br>er register | ion with sa<br>ed with the | les of secur<br>SEC and/o | rities in the<br>or with a sta | offering.<br>ite or state | If a person s, list the n | ommission<br>to be listed<br>ame of the<br>ay set forth | i                                     |       |
| Full Nan  | ne (Last na                        | ame first, it                                | f individua                                | 1)                             |   |                           |                            |                           |                                |                           |                           |   |                                       |       |
| Quince l  | Hill Partn                         | ers, LLC                                     |  |                                |   |                           |                            |                           |                                |                           |                           |   |                                       |       |
| Business  | or Reside                          | ence Addre                                   | ss (Numbe                                  | er and Stree                   | t, City, Sta                              | te, Zip Co                | de)                        |                           |                                |                           |                           |   |                                       |       |
| 1601 Co   | nnecticut                          | Avenue, l                                    | NW, Suite                                  | 801, Wash                      | ington, D                                 | C 20009                   |                            |                           |                                |                           |                           |   |                                       | _     |
| Name of   | Associate                          | ed Broker o                                  | or Dealer                                  |                                |   |                           |                            |                           |                                |                           |                           |   |                                       |       |
|           |                                    |  |  | cited or Inte                  |   |                           |                            |                           |                                |                           |                           |   |                                       |       |
| (Ch       |                                    |  |  |                                |   |                           |                            |                           |                                |                           |                           | 🗖 AI  |                                       |       |
|           | [AL]                               | [AK]   | [AZ]                                       | [AR]                           | ☑[CA]                                     | [CO]                      | ☑(CT)                      | ☑[DE]                     | ☑[DC]                          | ☑[FL]                     | Ø[GA]                     | [HI]  | [ID]                                  |       |
|           | ☑(IL)                              | ⊠[IN]  | [IA]                                       | [KS]                           | [KY]                                      | (LA)                      | [ME]                       | [MD]                      | ☑[MA]                          |                           | ☑[MN]                     | [MS]  | [MO]                                  |       |
|           | [MT]                               | (NE)   | [NV]                                       | [NH]                           | [NJ]                                      | (NM)                      | Ø[NY]                      | ☑[NC]                     | [ND]                           | ☑[OH]                     | [OK]                      | [OR]  | ☑[PA]                                 |       |
|           | [RI]                               | [SC]   | [SD]                                       | Ø[TN]                          | Ø[TX]                                     | (UT)                      | ☑(VT)                      | ☑[VA]                     | <b></b> [WA]                   | [WV]                      | Ø(WI)                     | [WY]  | [PR]                                  |       |
| Full Nan  | ne (Last n                         | ame first, i                                 | f individus                                | ıl)                            |   |                           |                            |                           |                                |                           |                           |   |                                       |       |
| Business  | or Reside                          | ence Addre                                   | ss (Numbe                                  | er and Stree                   | t, City, Sta                              | te, Zip Co                | ode)                       |                           |                                |                           |                           |   |                                       |       |
| Name of   | Associate                          | ed Broker o                                  | or Dealer                                  |                                |   |                           |                            |                           |                                |                           |                           |   | -                                     |       |
| States in | Which Pe                           | erson Liste                                  | d Has Soli                                 | cited or Inte                  | ends to Sol                               | icit Purch                | asers                      |                           |                                |                           |                           |   |                                       |       |
| (Ch       | neck "All !                        | States" or o                                 | heck indiv                                 | idual State                    | s)  |                           |                            |                           |                                |                           |                           | 🗆 Al  | l States                              |       |
|           | [AL]                               | [AK]   | [AZ]                                       | [AR]                           | [CA]                                      | [CO]                      | [CT]                       | [DE]                      | [DC]                           | [FL]                      | [GA]                      | [HI]  | [ID]                                  |       |
|           | [IL]                               | [IN]   | [IA]                                       | [KS]                           | [KY]                                      | [LA]                      | [ME]                       | [MD]                      | [MA]                           | [MI]                      | [MN]                      | [MS]  | [MO]                                  |       |
|           | [MT]                               | [NE]   | [NV]                                       | [NH]                           | [NJ]                                      | [NM]                      | [NY]                       | [NC]                      | [ND]                           | [OH]                      | [OK]                      | (OR)  | [PA]                                  |       |
|           | [RI]                               | [SC]   | [SD]                                       | [TN]                           | [TX]                                      | [UT]                      | [VT]                       | [VA]                      | [WA]                           | [WV]                      | [W1]                      | [WY]  | (PR)                                  |       |
| Full Nan  | ne (Last n                         | ame first, i                                 | f individua                                | ıl)                            |   |                           |                            |                           |                                |                           |                           |   |                                       |       |
| Business  | or Reside                          | ence Addre                                   | ss (Numb                                   | er and Stree                   | t, City, Sta                              | ite, Zip Co               | ode)                       |                           |                                |                           |                           |   | · · · · · · · · · · · · · · · · · · · |       |
| Name of   | Associate                          | ed Broker o                                  | or Dealer                                  |                                |   |                           |                            |                           |                                |                           |                           |   |                                       |       |
| States in | Which Pe                           | erson Liste                                  | d Has Soli                                 | cited or Into                  | ends to Sol                               | icit Purch                | asers                      |                           |                                |                           |                           |   |                                       |       |
| (Ch       | eck "All                           | States" or o                                 | check indi                                 | vidual State                   | s)  |                           |                            | •••••                     | •••••                          | •••••                     |                           | 🗆 AI  | 1 States                              |       |
|           | [AL]                               | [AK]   | [AZ]                                       | [AR]                           | [CA]                                      | (CO)                      | [CT]                       | [DE]                      | [DC]                           | (FL)                      | [GA]                      | [HI]  | [ID]                                  |       |
|           | [IL]                               | [IN]   | [IA]                                       | [KS]                           | [KY]                                      | [LA]                      | [ME]                       | [MD]                      | [MA]                           | [MI]                      | [MN]                      | [MS]  | [MO]                                  |       |
|           | [MT]                               | [NE]   | [NV]                                       | [NH]                           | [[[N]]                                    | [NM]                      | [NY]                       | [NC]                      | [ND]                           | (OH)                      | [OK]                      | [OR]  | [PA]                                  |       |
|           | [R!]                               | [SC]   | [SD]                                       | [TN]                           | [TX]                                      | [UT]                      | [VT]                       | [VA]                      | [WA]                           | (WV)                      | [WI]                      | [WY]  | [PR]                                  |       |

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

5166980.1 05069563

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR  | OCEEDS                   |                  |           |                                       |
|----|---|--------------------------|------------------|-----------|---------------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                          |                  |           |                                       |
|    | Type of Security  | Aggregate Offering Price |                  | Amo       | ount Already<br>Sold                  |
|    | Debt  | \$ -0-                   | ·<br>\$          |           | -0-                                   |
|    | Equity  | <del></del>              | - <u>-</u><br>\$ |           | -0-                                   |
|    | □ Common □ Preferred  |                          |                  |           |                                       |
|    | Convertible Securities (including warrants)   | \$ -0-                   | \$               |           | -0-                                   |
|    | Partnership Interests   |                          | - <u>-</u><br>\$ |           | -0-                                   |
|    | Other (Specify) limited partnership interests (The aggregate amount of capital commitments accepted by the Fund will be determined at the discretion of the general partner)  |                          | <u>0</u> \$      |           | 75,605,000                            |
|    | Total   | \$ 150,000,00            | <u>0</u>         | ·         | 75,605,000                            |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                          |                  |           |                                       |
| 2. | Enter the number of accredited and non-accredited investors, who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."           |                          |                  |           |                                       |
|    |   | Number<br>Investors      |                  | Dol<br>of | Aggregate<br>Ilar Amount<br>Purchases |
|    | Accredited Investors  | 98                       | _ \$             | · · · · · | 75,605,000                            |
|    | Non-accredited Investors  | -0                       | _ \$             |           | -0-                                   |
|    | Total (for filings under Rule 504 only)   | N/A                      | . \$             |           | N/A                                   |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                          |                  |           |                                       |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.  |                          |                  |           |                                       |
|    | Type of offering  | Type of<br>Security      |                  | Do        | llar Amount<br>Sold                   |
|    | Rule 505  |                          | _ \$             |           |                                       |
|    | Regulation A  | <del></del>              | _ \$             | <u> </u>  |                                       |
|    | Rules 504   |                          | _ \$             |           |                                       |
|    | Total   |                          | _ \$             |           |                                       |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                          |                  |           |                                       |
|    | Transfer Agent's Fees   |                          | <b>Ø</b> \$      |           | -0-                                   |
|    | District AF 1. Co.  |                          | <b>€</b>         |           | 4,000                                 |
|    | Printing and Engraving Costs  |                          | . A              |           | 41000                                 |

10,000

125,000

4,000 393,000

-0-

| total expenses furnished in response to Part C - Que                                 | egate offering price given in response to Part C- Question 1 and estion 4.a. This difference is the "adjusted gross proceeds to the  | e            |              |   | 2     | 14        | 9,607,000            |
|--|--|--------------|--------------|---|-------|-----------|----------------------|
| 5. Indicate below the amount of the adjusted of the purposes shown. If the amount of | d gross proceeds to the issuer used or proposed to be used for e<br>any purpose is not known, furnish an estimate and check the be<br>sayments listed must equal the adjusted gross proceeds to the is | ach<br>ox to |              |   |       |           |                      |
|  |  |              | D            | ayments to<br>Officers,<br>Directors, &<br>Affiliates |       | P         | ayments to<br>Others |
| Salaries and fees  |  |              | <u>\$</u>    | -0-   |       | <u>\$</u> | -0-                  |
| Purchase of real estate  |  |              | <u>\$_</u> _ | -0-   | Ø     | <u>\$</u> | 149,607,000          |
| Purchase, rental or leasing and installation   | n of machinery and equipment   |              | <u>\$_</u> _ | -0-   |       | <u>\$</u> | -0-                  |
| Construction or leasing of plant buildings   | s and facilities   | □            | <u>s</u>     | -0-   |       | <u>\$</u> | -0-                  |
|  | g the value of securities involved in this offering that may be ies of another issuer pursuant to a merger)  | •            | <u>\$_</u> _ | <u>-0-</u>  |       | <u>\$</u> | -0-                  |
| Repayment of indebtedness  |  |              | <u>\$_</u>   | -0-   |       | <u>\$</u> | -0-                  |
| Working capital  |  |              | <u>\$_</u>   | -0-   |       | <u>\$</u> | -0-                  |
| Other (specify):   |  |              | <u>s</u>     | -0-   |       | <u>s</u>  | -0-                  |
| Column Totals  |  |              | <u>\$</u>    | -0-   | ☑     | <u>s_</u> | <u>149,607,000</u>   |
|  | D. FEDERAL SIGNATURE  by the undersigned duly authorized person. If this notice is file of the U.S. Securities and Exchange Commission, upon written for pursuant to paragraph (b/(2)) of Rule 502.    |              |              |   |       |           |                      |
| Issuer (Print of Type) Covenant Apartment Fund V, L.P.                               | Signature Date May 2:  | 8, 20        | 07           |   | •     |           |                      |
| Name of Signer (Print or Type)  Govan D. White                                       | Title of Signer (Print of Type) Authorized Signatory for Covenant Apartment Investors Issuer   | s V, I       | LLC          | , the genera  | ì par | rtner     | of the               |
| Intentional miestate   | ATTENTION or omissions of fact constitute federal criminal violations. (   |              |              | S.C. 1001   |       |           |                      |
| Antonional unisstatements (  | or opposition of fact compared teach at criminal violations.   | жŧ 1         | 0 U.         | D.C. 1001.)   | -     |           |                      |